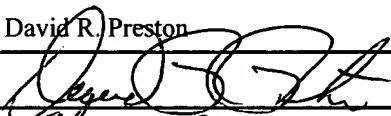
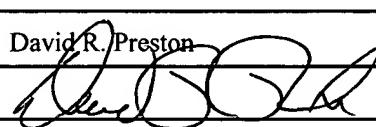


RECEIVED
4/13/2001 1635

TRANSMITTAL FORM		Application Number:	09/746,564 TECH CENTER 1600/2900
(To be used for all correspondence after initial filing)		Filing Date:	December 21, 2000
		First Named Inventor:	Cebolla Ramirez
		Group Art Unit:	1635
		Examiner:	To be determined
Total Pages in This Submission:	4	Attorney Docket Number:	AM-00106.P.1-US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal, Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits / Declarations(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Requests	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Additional Inclosures, identified below: Postcard Form 1449
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts / Incomplete Application	Remarks:	
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	David R. Preston	
Signature		
Date	May 18, 2001	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date.		Date: <u>5/18/01</u>
Typed or printed name:	David R. Preston	
Signature		Date: <u>5/18/01</u>



TRANSMITTAL

These fees are subject to annual revision on October 1. These are the fees effective October 1, 1997. Small Entity payments **must** be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

		Complete if Known	
Application Number:	09/746,567		
Filing Date:	December 21, 2000		
First Named Inventor:	Cebolla Ramirez		
Group / Art Unit:	1635		
Total Amount of Payment	\$ 0.00	Docket Number:	AM-00106.P.1-US

METHOD OF PAYMENT

1. [] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number: []

Deposit Account Name: []

[] Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 to

Deposit Account Number 50132

[] Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance.

2. [] Payment Enclosed

[] Check Number

[] Money Order

[] Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101		201		Utility Filing Fee	\$
106		206		Design Filing Fee	\$
107		207		Plant Filing Fee	\$
108		208		Reissue Filing Fee	\$
114		214		Provisional Filing Fee	\$
SUBTOTAL (1)					\$ 0.00

2. EXTRA CLAIM FEES

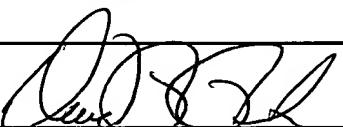
				Extra Claims		Fee From Below		Fee Paid
Total Claims	[]	-20 **	Equals	[0]	Times	[]	Equals	\$ 0.00
Independent Claims	[]	-3 **	Equals	[0]	Times	[]	Equals	\$ 0.00
Subtotal (2)								\$ 0.00

** or number previously paid, if greater, For Reissues, see below

	Large Entity		Small Entity		Fee Description
	Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103		203			Claims in excess of 20
102		202			Independent claims in excess of 3
104		204			Multiple dependent claim, if not paid
109		209			** Reissue independent claims over original patent
110		210			** Reissue claims in excess of 20 and over original patent

3. ADDITIONAL FEES					
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105		205		Surcharge - late filing fee or oath	\$
127		227		Surcharge - late provisional filing fee or cover sheet	\$
139		139		Non-English specification	\$
147		147		For filing a request for reexamination	\$
112		112		Requesting publication of SIR prior to Examiner action	\$
113		113		Requesting publication of SIR after Examiner action	\$
115		215		Extension for reply within first month	\$
116		216		Extension for reply within second month	\$
117		217		Extension for reply within third month	\$
118		218		Extension for reply within fourth month	\$
128		228		Extension for reply within fifth month	\$
119		219		Notice of Appeal	\$
120		220		Filing a brief in support of an appeal	\$
121		221		Request for oral hearing	\$
138		138		Petition to institute a public use proceeding	\$
140		240		Petition or revive - unavoidable	\$
141		241		Petition or revive - unintentional	\$
142		242		Utility issue fee (or reissue)	\$
143		243		Design issue fee	\$
144		244		Plant issue fee	\$
122		122		Petitions to the Commissioner	\$
123		123		Petitions related to provisional applications	\$
126		126		Submission of Information Disclosure Statement	\$
581		581		Recording each patent assignment per property	\$
146		246		Filing a submission after final rejection (37 C.F.R. 1.129(a))	\$
149		249		For each additional invention to be examined (37 CFR 1.129(b))	\$
Other fee (specify):					\$
				Subtotal (3)	\$ 0.00

4. SUMMATION OF FEES	
SUBTOTAL (1)	\$ 0.00
SUBTOTAL (2)	\$ 0.00
SUBTOTAL (3)	\$ 0.00
TOTAL FEES	\$ 0.00

SUBMITTED BY		Complete (If Applicable)	
Typed or Printed Name	David R. Preston	Registration Number:	38,710
Signature		Date: <i>5/18/01</i>	Deposit Account User ID Number 50132